

Change of Address

1. Owners' Name _____
2. Location of Property _____
3. Parcel ID (Map-Block-Lot) _____
4. New Mailing Address _____
City/Town _____ State _____ Zip _____
5. Home Phone () - Work Phone () -
6. Are you a new owner of this property? Yes No
7. Signature of person making request _____
8. If not owner, state relationship to owner _____
9. Today's Date _____

Please print form and mail to:

Assessing Division
City Hall, Room 209
Worcester, MA 01608

The signature of the owner is required on the form before any change of mailing address can be authorized. The "Assessed Owner" shown on your bill is the person owning the property on January 1st preceding the current fiscal year. The "Current Owner" shown is the subsequent owner (if any) after the preceding January 1st date.